Robert Gross
On Hypochondriasis
On Hypochondriasis; a Dissertation submitted to the Medical Faculty of the University of Edinburgh, by Robert Bos, M.D. For the Degree of M.D. 

Hypochondriasis has been regarded by some writers simply as a form of Dyspepsia; while others have considered it to be a purely nervous affection.

The former notion is favored by the frequent distressed condition of some one or another of the chylotic-viscera, which commonly characterizes it; though this is often of such a kind as might be consistently referred to nervous irritation alone.

The more general opinion, therefore, seems to incline to the belief that the dyspeptic symptoms, when present, are rather the effect than the cause of the nervous affection.

The disease has been carefully studied by Sydenham, who looks upon it as a modification of hysteria, and consequently a nervous affection. Several French writers of authority,
especially M. George, have taken the same view, though they do not class it with hysteria.

From the morbid mental phenomena, which form so prominent and characteristic features in the disease, as well as from the greater benefit frequently derived rather from moral, than from physical treatment, M. George is disposed to fix the seat of hypochondriasis in the brain itself.

The principal argument in favor of the nervous origin of hypochondriasis, is derived from the fact, that head & heart, and even chest symptoms, instead of disturbance of the digestive functions, are very frequently the leading phenomena.

This would point rather to the sympathetic nervous system than to the cerebral, as its seat; and indeed if the nervous system is regarded as the source of the disease,
the ganglionic will most satisfactorily account for the extensive and multifarious nature of the attendant phenomena.

This appears to have been the opinion of Pecquet, though he gave an improbable tendency to his argument, by regarding the ganglia of the sympathetic as the seat of the feelings; and hence traced a direct connexion between the supposed source of the disease and the morbid apprehensions which so strongly characterise it.

If we reject the theory, that the seat of the feelings is in the ganglionic system, and hold to the almost universal opinion that it is in the cerebrum, (probably the posterior lobes,) the question remains how that portion of the cerebral organization, comes to be involved to the extent of receiving and perceiving the morbid impressions, which give rise to the sentimental delusions of hypochondriasis.

And here it may not be amiss...
to consider the probable agency of the sympathetic nervous system as a medium of communicating morbid action: whether arising in some part of its own tract, or derived from a disorder of one or other of the functions it presides over;—to the presumed seat of the feelings in the sensorium;—or, on the other hand, from the seat of the feelings to the ganglionic centres.

By taking the latter or converse action, which admits of more demonstrative proof, an analogous argument may perhaps be established in favor of the former.

But it will be well to premise that Dr. Marshall Hall’s view of a division of the ganglionic system into internal and external, the former consisting of the sympathetic and a portion of the pneumogastric nerves, and the latter of the fifth pair, the glossopharyngeal and the posterior roots of the spinal nerves, is adopted in this consideration. the functions of the ganglionic
system thus regarded may be
said to preside over the inco-
voluntary motions and acts of the
viscera, — to carry impressions
from the viscera to the central
organs, — to associate the diffe-
rent parts of the frame in acts
of sympathetic co-operation; —
and to regulate the processes of
secretion and nutrition by means
of the internal and external
divisions of the system with refer-
to the entire organization of the body.

This then being premissed, I
return to the action of the feelings
or emotions upon certain of the
visceral organs, through means of
the sympathetic nerves. The com-
mon occurrences of life furnish
us with many examples. For
instance, a feeling of surprise,
alarm, or terror, suddenly aroused
in a sensitive nervous organism,
is accompanied by a very appreci-
able sensation at the epigastrium
resembling a slight shock of electricity.
This is frequently followed by
more or less functional disturbance
of one or other of the visceral organs,
supplied by the sympathetic nerves. The most common of these effects is palpitation of the heart, and occasionally the nervous power of that organ is affected to the extent of causing syncope. The course of the circulation is frequently so far interfered with by the sudden contraction of the capillary vessels, as to produce general pallor of the surface; while another well known emotion acts so powerfully in an opposite manner on the circulation, by relaxing these same capillaries, as in blushing.

Many other examples might be adduced, but the foregoing will be sufficient to show that the functions presided over by the sympathetic nerves are readily affected by the emotional feelings of the mind, while they are altogether independent of volition.

It is probable, then, that the morbid irritability existing in, or communicated to the ramifications...
of the panghomic nerves, may, from the opposite direction, be thereby transmitted to the sensorium, and call forth emotions of a character corresponding with the morbid nature of the impression acting upon it. Such in fact as the fears & apprehensions peculiar to the hypochondriacal state of mind. For though sensible action of any kind, whether motor or sensational, or sympathetic, in its ordinary condition of health & order, is the obedient medium of the mind’s perceptions & mandates, and director of the operations of the involuntary functions, it is extremely liable in disorder & disease, to become the unfaithful bearer of its message, or the inconsistent interpreter of the mind, or a faulty generator of mechanical actions; and so to misrepresent & pervert the one or the other, and turn the intercourse between them into confusion. Such a state of
things may be illustrated by a reference to the electric telegraph. Every one is familiar with the consequences of an imperfect condition of the electric wire. All communication along the line is thereby distorted or disturbed, whether proceeding from or going to head-quarters. So a disordered condition of the nervous system, the animal wires so to speak of the denturism, may convey morbid sensations, and transmit mistaken impressions so that the most unreasonable apprehensions may be generated in the mind, otherwise remarkable for strong sense and perception. Thus a person naturally firm, intelligent, and self-possessed, and, therefore, capable of reasoning upon his own perception, will yet, under the influence of nervous disease, become impressed with the most extravagant apprehensions. In vain he acknowledges himself convinced,
by indisputable evidence of the
groundlessness of his fears.

Unless this wholesome conviction
can be kept actively alive by
repeated appeals to demonstrable
facts, he is constantly yielding
to their influence. Often, indeed,
even in spite of the best efforts of
common sense, these miserable
emotions regain entire possession
of his mind, and revive all
his old misgivings. And this
is not a fanciful conceit.

It is a great mistake to suppose
that these morose feelings exist
only in the imagination: they
are real, though delusive sensations.

It is difficult to conceive
how the mind can become
thus morbidly impressed; that
is to say, through what instru-
mentally it can be affected,
when its ordinary channels and
modes of conviction, namely its
senses, observation, and the rea-
able inferences from facts
observed, do not admit the
existence of any cause for such
apprehensions. It can frequently be demonstrated to conviction, that no signs of disease are present, and yet those morbid sensations continue to invade the mind, and excite apprehensive emotion, despite the best and firmest resolutions.

The well, therefore, has no dominion over these morbid impressions; and it is probable, therefore, that they arise in, and are conveyed by, the involuting sympathetic nerves; especially as they commonly have a relation to those parts and functions which are supplied by that system of nerves, which, being disordered, conveys erroneous impressions of the state of those parts to the sensibility, in like manner as the external nerves of sense transmit, when in a disordered or diseased state, false perceptions to the mind.

So long, then, as the nervous supply furnished by the sympathetic...
system, is of a healthy character, and proportionate to the necessities of its office, it goes on unceasingly, and does not urge the attention of the mind, being, insect, directed in its proper channels, and expended in the performance of its legitimate functions.

In a state of irritability, therefore, nervous excitement thereby produced may be diverted from its proper channel and reflected along the course of the sanguineous chain to the sensorium; and being charged with morbid action excited corresponding morbid emotions in the mind. Supposing such a diversion actually to take place, there would necessarily be a failure of the proper supply of nervous power to the organs dependent on it, for the due performance of those functions.

This may, perhaps, in some measure, account for the dyspeptic symptoms so commonly attendant upon hypochondriasis.
It is doubtful then, whether the nervous sensibility of the sympathetic while in a healthy and orderly state of action, ever engages the attention of the mind. The functions of circulation, digestion, are carried on insensibly. as the well has no power in controlling them, so the intelligence has no object in receiving notice of their operations.

It is not the office of these nerves to carry their sensations to the brain, any more than to transmit acts of volition from it; and the fact of their doing so indicates an abnormal condition. We have an analogous state of action in the phenomena of dreaming which is of itself not the least a marked function of the nervous system. The mind does not act except through its instruments, the brain, and though the intellectual principle may be above the influence of fatigue, the material agency by which it acts is not.
and therefore, for the sake of the latter, perfect rest of mind and body, at stated intervals for recourting the material organism is indispensable, in order to maintain it in a healthy condition.

But dreaming being an active state of certain faculties of the mind, involves the co-operation of the sensuous at a time, when it ought to be in a state of repose for its refreshment; and nature, having closed its ordinary portals of impressions, the senses, - it follows that the means by which the sensuous is excited must be abnormal, and similar, if not identical, with those through which sensational impressions are excited in nervous disorders.

Most probably in the case of dreaming, the process of sensation, while yet uncompleted, is retained by sleep, and, being continued under such circumstances, excites
and keeps up an undue amount of nervous energy in the sympathetic ganglia, which, which instead of being properly expended on the process of digestion is reflected to the sen-
somnium, and there stimulates the mind into action. The character of the mental operations will be in great measure, deter-
mind by the most influential exercise the mind may have been engaged in during the time of consciousness immediately preceding.

We may draw an argument, then, in favor of the notion already expressed respecting the source & nature of sensational delusions in hypochondriasis, from an investigation of the phenomena which occur in dreaming; and the analogy applied all the more closely when we take into consideration the fact that the digestive process is, in both cases, in a more or less faulty condition.
Now, though it is not pre-
tended here positively to insist
that the sympathetic nerves are,
in either case, the means by
which the mind is excited to
morbid action, yet it is certain
that, both through the chain
of ganglia extending to the brain,
and the pneumogastric nerves
communicating with it, there
is direct connection between the
nervous centres under irritation
and the sensorium; and it is
not unreasonable to suppose
that morbid irritability originating
in these centres, may not only
be transmitted thereto, but excite
morbid impressions, and secure
to emotions of a delusive charac-
ter from the very nature of the
stimulus by which they are called
forth.

Familiar examples may be
cited showing that the mind
can be misled by sensational
impressions transmitted through
the external ganglionic nerves.
The well-known experiment of
bringing heat and cold alternately
into contact with the surface, eventually produce such a<br>mutual action of the nerves of sensation, as to delude the mind<br>completely respecting the exact nature of the impression. And<br>even the nerves of sense when in a morbid state are not less<br>liable to misinform the mind as to the true nature of the<br>objects they represent to it.

The spectral illusions in<br>delirium tremens are sometimes<br>so effective, as to induce the<br>patient to endeavour to seize<br>them, and the delusion is so<br>complete that he has been<br>known to doubt his power to<br>use his fingers rather than to<br>suspect his sense of vision to<br>be the seat of error.

In concluding this portion<br>of the subject, then, it would<br>appear, that the mind, in<br>becoming susceptible to<br>insinuations, responds emotionally to them ac<br>cording to their nature; that<br>is to say, morbid sensations<br>transmitted by the sympathetic nerves
equally with terrifying com-
munications conveyed by the
ordinary nerves of sense, na-
ture calls forth emotions
of alarm & anxiety in the mind,
while the absence of such tes-
timony in the former case, as
is furnished in the latter, by
the senses themselves, deprives
the judgment of the means of
determining the real nature
of the communications, and fa-
vours the apprehensions such
an uncertainty naturally produces.

Thus, then, there are two
peculiar features in nervous
disease as typified by hypo-
chondriasis, in the first place
the patient, like as in dreaming
is prevented from realizing a
consistent conception of the im-
pressions made upon the sensor-
ium by the circumstances that
they excite only emotional feelings,
and are not corrected by the
judgment; and in the second,
reflexing a wholesome volition


over these impressions themselves, arise, as they do, in the invol.
untary nervous system. The mind has no direct control over either their healthy or morbid action, for the same reason that the will cannot influence the pulsation of the heart, or the processes of secre-
tion and nutrition, so it cannot restrain their abnormal action under nervous irritation, nor put down by force of its own determination, any one of the many sensations which these
-nervous diseases. Hence it is unreasonably as well as useless, to charge the hypochon-
drice, as is often the case, with want of determination to resist these involuntary apprehensions.

Symptoms. Hypochondriasis, like hysteria, will mimic almost every form of disease. It is the essential character of this disorder, that the health
sensations complained of will not
admit of being grouped together in the orderly manner necessary to indicate the symptoms of any specific disease. On the contrary, they are generally so multifarious and disconcerted, that they contradict each other, and defy all arrangement.

Another characteristic of the melody is, that the anxiety and apprehensions of the hypochondrie are altogether inconsistent with the nature of the feelings complained of, and always disproportionate to the amount of mischief they indicate, even when they are corroborated by the obvious signs of deranged action in the system; while it very commonly happens, that as such evidence of their presence is to be found, and these feelings are simply and altogether attributable to perverted sensations.

Indeed whenever organic disease does exist, and these
complaining with the fever 20 they give rise to, though, it may be exaggerated, have a substantial foundation, the case might no longer to be called one of hypochondriasis, but should be designated by the same proper to the nature of the same mischief itself, and should be considered as such, complicated with nervous derangement. Although it must be admitted that some disorders of the functions of digestion, secretion, & even nutrition, does occur in hypochondriasis, it is clear that it cannot be a serious character, for the hypochondriac is generally so well nourished, that he can waste, beats well, and even rests tolerably at night, though it is a symptom of his complaint not to acknowledge it.

If we examine the state of the secretions, we find them generally much more healthy than the symptoms complained of.
would lead us to expect. A sluggish, or sometimes a
preternaturally excited action of
the visceral organs, especially
the liver, is perhaps the most
constant as well as the most
serious, departure from their
normal condition. This is
owing probably to the irregular
or deficient supply of nervous
energy. Constipation, sometimes
alternating with slight diarrhea
and a bilious complexion, are
in consequence, not unfrequently
met with. Derangement of the
action of the liver will easily
produce a corresponding effect
upon the stomach; and the
converse will also occur. So
difficulty will be met with in
explaining this mutual in-
fluence. The two organs are so
intimately connected by nerves,
(the splanchnic), Vesicular, (the
colonic nerves of von kossa), and
sensitive structure, that it would
appear almost impossible for
me to suffer even the slightest
deviation from healthy action,
without the other sympathising in it.
An analysis of the urine in many instances gives a large amount of phosphatic deposit. This may be produced from the disintegration of brain structure by the effect of the nervous excitement, under which the patient labours so constantly. Occasionally, cases have been marked by a copious secretion of phthisis, and the nervous symptoms, which were of a most distressing character, have been removed, showing that suppressed great or chronic meningitis has been lurking in the system. I have also seen an equally hypochondriacal train of symptoms in a case of tuberculous laboured under a dystrophic trunk, which have sud-
denly and entirely disappeared at the breaking out of the secondary eruption, or at the manifestation of the general sore throat.

These, however, ought not, for reasons before stated, to be
looked upon as instances of hypochondriasis; though present, previously to their specific development, some of its most prominent features.

The pulse, if the hypochondriac, under a pernicious or nervous irritation, may become intermittent, or irregular in the force of its beat; and while he is engaged in the narrative of his sufferings, it is often increased in frequency;—perhaps, from the nervous anxiety he evidently feels, lest he should fail to impart to his medical attendant an adequate impression of the importance of his communication. Of the pulse he felt a second time, (as it ought,) during the visit, and when the patient’s attention is taken off his complaint, it will generally be found to have rec

Corresponding with this
state of pulse, and for the same reasons, there is frequently palpitation of the heart. An examination of that organ, in purely nervous disorder, does not discover any vascular affection. Both the systolic and diastolic sounds in hypo-
chronization are healthy, and the heart's impulse if affected at all, is rather weakened.
The rhythm alone will be disturbed.

It is true that organic disease, either of its valves or its walls, may be complicated with nervous irritability of the system, but such cases are distinguished by the physical signs of hypertrophy, dilatation. Moreover the characteristic man-
movers of an affection of the auriculo-ventricular, or semilunar valves, (as the case may be,) at once
places them in the category of genuine heart disease. Cases have undoubtedly been observed,
where long continued nervousness
affecting this organ, has degenerated into confirmed cardiac disease of one form or another; and the same may be said with reference to the abdominal viscera. But in all these cases another and a more serious mischief has gradually supervened on the original nervous affection.

A variety of sensations is in some instances referred to the head. Sometimes the patient insists upon it, that he distinctly feels a rush of blood to the brain; and he instantly apprehends an attack of apoplexy. Others fear that the brain is enlarging, and will prove too big for the skull; so that it is shrinking in size, and becoming too small to fulfill its office as the agent of the mind.

A feeling of numbness is sometimes complained of, which is at once regarded as a sign of impending paralysis. A patient will
shakes his head for some minutes, and gravely affirms that he feels the fluctuation of fluid in the head. Water in the chest has been as
plainly felt, or imagined by others, who point out, with seeming precision, the height to which it has risen from time to time; and adapt their breathing to the supposed extent of the obstacle to inspiration.

Upon inquiry, it will be found that such persons have been accustomed to read medical books, and have made themselves acquainted with the symptoms of the various diseases, which they thus apply to their own cases with great negligence;—often, however, passing from one disease to another, and believing in the experience of each for the

Case is on record of persons who have persisted in saying they
Cannot swallow, others say they cannot evacuate the contents of the bladder & rectum. Others believe that they have lost the use of their limbs, will sit for hours lazing under that impression and cannot be prevailed on to make an attempt to move.

If however their attention be diverted for the time, they will often perform these very acts, yet return to the belief that it is impossible.

A friend of my own, an officer of the Indian Marine, whom I had myself seen at sea display remarkable courage & presence of mind, under peculiarly trying circumstances, sent for me at a subsequent period to visit him in his room, where he had shut himself up, under the impression that it would be dangerous for him to walk out. Though a very strong and robust man, and upwards of sixty feet
in height, he firmly believed, that if he ventured into the street, he would be immediately knocked down and run over.

Less intelligent patients, however, who have not had the opportunity of storing their minds with medical expressions and pathological terms, describe a host of sensations without order or connexion. They complain of pains, aching, lankings, shiverings, droppings; anything of one part and a swelling out of another, and though it be pointed out to them that there is not the slightest alteration in the form and size of the parts externally, and it be explained to them that the position occupied by neighboring organs within, will not account for any such distortion of the contiguous structure, they yet insist upon the evidence of their feelings, and will not give up their belief in them, — or if they do, it is only
for the time, to be renewed with equal perversity on the next occasion.

These sensations, and many others equally incoherent, are sometimes referred to one part of the body, sometimes to another in rapid succession; and are always spoken of in superlatively terms — such as agonizing, dreadful, exasperating &c., even while the countenance exhibits the utmost composure. Indeed, it is often ludicrous to notice the complacency with which their account of the intense agony they are undergoing & narrated, the placid expression of their features bellying all the while, their description of the martyrdom they are suffering. Of the physi-alain terms have patience enough to lend an ear to the full extent —logue of their complaints, they will gradually diverge into other subjects and end in a cheerful
conversation upon the topic of the day. An unlucky hint, however, will be sufficient to recall them to a sense of their sufferings; and such a want of tact on his part, will certainly subject him to the penalty of being called on to listen to a full recapitulation of them.

The diagnosis of hypochondria is more troublesome than difficult. The multiplicity and the symptoms complained of, and their simulation of those of a great variety of diseases, detailed as they are, more or less accurately, according to the ingenuity of the investigator, or his acquaintance with medical reading, necessarily involves a great deal of patient investigation. So we are not warranted in assuming as a matter of course, that these complaints are without foundation; especially if detailed with a reasonable show of probability, which is sometimes the case.
The history of the case, the temperament, habits, employment, manner of living, and appearance of the patient; his mode of describing his feelings, an evident tendency to dwell on them; to exaggerate, so gives an undue importance to sensations we know to be minor in importance, will do much to aid us in forming an opinion of their nature.

Hypochondriasis, too, is an affection of middle age. It never occurs in childhood, very rarely in youth, and not very commonly in advanced age. It is most frequently met with in persons of that temperament, which may be said to consist of a mixture of the nervous and the melancholic. It affects males more frequently than females, the latter being more subject to nervous fits of attacks in the form of hysteria.
Employment, more especially a literary occupation, and persons who waste their time in luxurious and dissipated habits, and in intemperance, are, as might be expected, more prone to hypochondriasis than those engaged in active pursuits. After all, however, it is less dependent on such circumstances, than on temperament; for cases are found second to almost every vocation, amongst the poor and hardworking, as well as the wealthy and insolent; the agricultural labourer enjoying the pure air of the country, and the artisan confined to the close atmosphere of a crowded locality. One of the most distressing and discourageable cases I ever saw, was that of a seaman. It occurred during a long voyage. Amongst other delusions, he found his feet were growing so heavy and unwieldy, that they could eventually become immovably fixed to the deck of the ship.
In diagnosing this disease, our attention will naturally be directed to an investigation of those organs to which the mental sensations are referred.

In the great majority cases, the inconsistent, and often contradictory, nature of the sensations, will be sufficient to satisfy the Physician, that they do not represent any form of real disease, but are simply a disorderly assemblage of nervous feelings.

Sometimes however patients, who have been nursing over mental woes, (a habit common amongst educated hypochondriacs), will use their faculty reading, to give a more definite name and arrangement to the sensations they complain of, so as often to invest them with a seeming probability. In such cases a strict examination of their symptoms is called for, which will, without much difficulty, detect the delusion of the patient's apprehensions.
The region of the epigastrium is amongst the most common seats of these feelings - the fomented however, uneasiness in the left hypochondrium is very frequently complained of. Sometimes there is extreme sensibility over the surface of the abdomen, so that the patient shivered from the slightest touch, even in hysterical pains; but if his thoughts be abstracted from the subject of his feelings, and the examination be conducted with tact, pressure may both be made on the part without complaint, and gradually increased so as to satisfy us that no inflammatory disease is lurking below. From the state of the pulse, tongue however, this cannot be said to have been suspected; while by being able to suddenly remove the hand, without causing great increase of pain, we learn that the abdominal muscles themselves are not in any way affected.
Enlargement of external parts are often obstinately insisted on, even where there is no visible evidence of it. Simple observation, or, if necessary, measurement of corresponding sides, will determine the fact of the fallacy. If the walls of the chest be the locality of the supposed enlargement, it should be recollected that the right side is naturally larger, from the anterior to the posterior residual line, than the left, and the patient should be apprised of this beforehand; otherwise, he will take advantage of the result of the measurement to fortify his opinion, or torment himself with the proof, which might thus appear to be afforded of his apprehensions.

It should always be borne in mind, that the hypochondriac
attaches immense importance to the merest trifles; and therefore, if we would attempt to convince him of his delusion with the view to administer moral treatment, we must not be above using means, however insignificant, towards attaining so desirable an object.

In other instances internal swellings are believed to be felt by insane persons, who often, however, themselves dispute the substantiability of their fulcings, by describing it as sometimes in one place, and sometimes in another. When it is consistently complained of in one place, explanation, per- cussion, and, in the case of the chest, auscultation, might always be had recourse to. If no abnormal physical signs are discoverable, we are in a much stronger position to assure the patient of the fact; and may possibly succeed in dissuading him of his fears.
Of course, if any signs of organic disease are present, the diagnosis will, by giving them their proper designation, prove that the case is not one of pure hypochondriasis. With all this tendency, on the part of the hypochondriac, to believe in the fallacies of his own sensations, there is not the least desire to deceive the physician. For this reason hypochondriasis cannot be regarded as a forged disease. The distinction is obvious; and, though scarcely a matter of diagnosis, we are yet often called on to determine whether the patient's statement is a wilful or an unintentional perversion of the actual state of the case. And to a good observer there is no great difficulty in distinguishing between the designing and the genuine complainant. There is an earnest and apprehensive manner about the latter, which cannot be very successfully assumed. He is apt to repeat, many times over, the catalogue of his feelings; and
will not cease to do so for...
imagined their limbs, and even their whole persons, to have been converted into various kinds of material. I recollected in the first days of my imprisonment, seeing a man who fancied his legs were turned into plaster of Paris, and warned every one, to keep at a distance, lest they should be broken by a careless touch; but such cases can only be rightly classed among the insane.

The diagnosis of hypochondriasis, then, will have reference to mental, as well as physical symptoms, if the physician's powers of discrimination are often more severely taxed, in determining the nature of the former, than of the latter. In hypochondriasis, there is neither the incoherent mind of delirium, nor the intrinsic reason of insanity. There is mainly an exaggeration of feeling, which gives rise to groundless alarm. This prevailing fear is characteristic for a delirium there is unconsciousness of danger, and in insanity there
Indifference to it, but in hypochondria there is a marked
apprehension of fright.

Treatment. The first step in
the treatment of hypochondria,
is to obtain the confidence of the
patient; without this, we shall
fail altogether to be of any
service to him. For this purpose,
we must afford him an opportu-
nity of detailing his case at
full length. Unless he be
allowed to do this, to his own
satisfaction, he will have little
or no faith in the remedies de-
ministered to him. It is a law
in the moral economy of human
nature, that to pour out our pains
to a sympathising listener, is to
soothe them, and make them
more bearable; and the same law
holds good in the physical suf-
ferings of a vexed mind.

It becomes, therefore, a part
of the moral treatment of the hyp-
ochondriac to give an attentive and
sympathising hearing to his complaints.

But while doing so, we must take
care not to encourage his ten-
dency to dwell on, and give
importance to, the morbid
feelings of which he complains.
On the contrary, it should be our
first duty patiently to investigate
the nature of these sensations, by
examining the condition of the
parts to which they are referred,
so that we may at once, and upon
good, and sufficient grounds,
disarm them of their seeming im-
portance, and endeavors, at least,
to quiet his anxiety concerning
them. We must not forget that,
though we may succeed at the time,
inconvincing the patient, of the
tally of his feelings, we shall most
probably find him at our next visit,
acting as much under their influ-
ence as before, and that this ill
perven again and again, until,
indeed, either the case has become
hopeless, or the treatment has
succeeded in subduing the irritability
of the nervous system.
The indications of treatment are,
to quiet the apprehensions of the patient.
to convince him of the fallacy of his feelings; to soothe the nervous irritability, which gives rise to them, to strengthen his nervous system, and to remove any functional disorder with which the attack may be complicated.

The fact has already been alluded to, and it should be carried out, with entering her sovereignty and tact. Indeed, under circumstances, perhaps, all the physician's patience, ingenuity, be more severely tested.

It is of vital importance to ascertain whether the case be complicated or not, with functional or organic mischief. The fact that hypochondriasis, as regarded by some writers as a form of hypochondria, should, whether such an opinion be adopted or not, at any rate, direct our attention to the condition of the chyle-potentia inervia. Indeed, a complication of the abdominal organs, may be not the less anticipated by those, who are disposed to reject hypochondriasis.
simply as a nervous affection, since, a morbid condition of the gastro-hemic system, which resides over the functions of digestion and secretion, would naturally prejudice their operation.

The bowels therefore are to be regularly evacuated by aperients which do not necessarily depy such as rhubarb, colocynth, chemicals, unless contraindicated by the presence of hemorrhoids.

In the event of a sluggish condition of the liver, a mild senecical dose should be added.

It is desirable to avoid weakly remedies; and, therefore, moderate doses only should be administered to saline aperients for the same reason.

Gastroplegia, a not infrequent attendant upon the hydrochymic state, will be best remedied by the nitrate of morin in conjunction with an alkali to counteract acidity.

When the stomach is irritable, a sedative may be required; and, in such instances, hydrocyanic acid has been found highly useful.
Sedatives also are serviceable in cases where the heart's action is preternaturally excited, though palpitation of the organ is sometimes caused by the flatulent distention of the stomach; dressing eaf against the diaphragm. Under such circumstances, relief is obtained by carminatives tones.

Disordered states of the digestive functions with the circula-
tion being corrected, attention is to be directed to the emotion of the nervous system itself; and this indeed may be done at the same time. The object is, to quiet its irritability: give it tone. For this purpose there found Valerian, particularly the ammoniated tincture, a most efficient agent, in com-

bination with Hypocynanum as thus fulfilling both these indications.

They are still more useful, when given in conjunction with a general tonic, such as Calemba, is perhaps the most desirable being lighter and more agreeable the
the generality of bitter medicines. Chloroform, administered by the stomach, has also proved very beneficial; and in many cases a decided advantage has been derived from the use of dilute phosphoric acid.

A very favorable impression may be made by cold fomentation over the entire surface of the body, sea bathing in season, shower baths, and more especially by the cold douche directed upon the region of the hypogastrum.

The last is well worthy trial, in cases where the symptoms indicate an irritable state of the parietal centres, its effect is highly satisfactory.

It is needful to mention that whenever organic disease is met with, in combination with nervous affections, it is to be treated according to its nature, and the active or passive form in which it is found.

It will frequently be expedient in the sequel and sometimes at the commencement of hypochondriacal
to change the habits and local situation of the patient. If he be without domestic society, and, consequently, a prey to his own anxious and disquieting thoughts, we must suggest some plan for the enjoyment of cheerful society. Should his locality be dull, or otherwise objectionable, or his occupation be depressing, he should be advised to travel; or, at any rate, to seek a change of scene and occupations. For this purpose, the sea side in season, or an inland watering place at other times, where cheerful society and rational amusements are to be found, should be recommended to him. It is an essential object in this department of treatment, that his mind should be pleasantly engaged, as a means of transferring his attention the tendency he has to brood over his morbid feelings.

And lastly the diet of hypo-cholesterolemic patients ought to be nutritious but light, that it
may accommodate itself to the state of his digestive organs. He should take stimulants under proper restrictions, to keep up his strength. Of these, a moderate quantity of good wine, and bitter ale, are the most desirable. For articles of food, he would do well, as a general rule, to confine himself to mutton, fresh beef, white fish, fowls, and game in season, with a sparing allowance of vegetables.

In conclusion, however, it will be well to add, that in an affection like hypochromic dyspnea, every individual is a study, and cannot be provided for by any general plan of treatment. The temperament, idiosyncrasy, habits, sex, age, intellectual qualities, peculiar tastes, and moral attributes of the patient, must be taken into consideration, before any system of treatment can be adapted to the case with any reasonable hope of success.
Moreover, the physician, who duly considers the responsibility of his position, as an adviser, should not forget to suggest, that, amongst other moral means of strengthening the patient against the distressing nature of his malady, an appeal to Him, who can give help when other aid has failed, or else strength to bear what cannot be removed. Such an appeal cannot be made without its soothing influence.

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